COMMENTARY 299

policy where other considerations are equal. However, the suspicion of a toxic effect is relatively low, and there may be disadvantages in over-precaution. Evidence is emerging that prior beliefs about the risks from modern technology are an important predictor of symptoms from perceived exposures. 10 Thus, by distorting perceptions of risk, disproportionate precaution might paradoxically lead to illness that would not otherwise occur.

Occup Environ Med 2006;**63**:298–299. doi: 10.1136/oem.2005.025510

Correspondence to: Prof. D Coggon, MRC Epidemiology Resource Centre, Southampton General Hospital, Southampton SO16 6YD, UK; dnc@mrc.soton.ac.uk

Competing interests: none declared

REFERENCES

- National Radiological Protection Board. Health effects from radiofrequency electromagnetic fields. Chilton: National Radiological Protection Board, 2003, 107–10 (Documents of the NRPB, Vol 14, No 2).
- Chia S-E, Chia H-P, Tan J-S. Prevalence of headache among handheld cellular telephone users in Singapore: a community study. Environ Health Perspect 2000:108:1059–62.
- 3 Sandström M, Wilén J, Oftedal G, et al. Mobile phone use and subjective symptoms. Comparison of symptoms reported by users of analogue and digital mobile phones. Occup Med 2001;51:25–35.
- 4 Santini R, Seigne M, Bonhomme-Faivre L, et al. Symptômes rapportés par des utilasateurs de téléphones mobiles cellulaires. Pathol Biol (Paris) 2001;49:222-6.
- 5 Santini R, Santini P, Danze JM, et al. Enquête sur la santé de riverains de stations relais de téléphonie mobile: l/Incidences de la distance et du sexe. Pathol Biol (Paris) 2002:50:369-73.

- 6 Hutter H-P, Moshammer H, Wallner P, et al. Subjective symptoms, sleeping problems, and cognitive performance in subjects living near mobile phone base stations. Occup Environ Med 2006;63:307–13.
- 7 Coggon D. Occupational medicine at a turning point. Occup Environ Med 2005;62:281–3.
- 8 Zwamborn APM, Vossen SHJA, van Leersum BJAM, et al. Effects of global communications system radiofrequency fields on well being and cognitive functions of human subjects with and without subjective complaints, TNO report, FEL-03-C148. The Haque. 2003.
- 9 Hietanen M, Hämäläinen A-M, Husman T. Hypersensitivity symptoms associated with exposure to cellular telephones: no causal link. Bioelectromagnetics 2002;23:264–70.
- 10 Petrie KJ, Broadbent EA, Kley N, et al. Worries about modernity predict symptom complaints after environmental pesticide spraying. Psychosom Med 2005;67:778-82.

Clinical Evidence—Call for contributors

Clinical Evidence is a regularly updated evidence-based journal available worldwide both as a paper version and on the internet. Clinical Evidence needs to recruit a number of new contributors. Contributors are healthcare professionals or epidemiologists with experience in evidence-based medicine and the ability to write in a concise and structured way.

Areas for which we are currently seeking contributors:

- Pregnancy and childbirth
- Endocrine disorders
- Palliative care
- Tropical diseases

We are also looking for contributors for existing topics. For full details on what these topics are please visit www.clinicalevidence.com/ceweb/contribute/index.jsp

However, we are always looking for others, so do not let this list discourage you.

Being a contributor involves:

- Selecting from a validated, screened search (performed by in-house Information Specialists) epidemiologically sound studies for inclusion.
- Documenting your decisions about which studies to include on an inclusion and exclusion form, which we keep on file.
- Writing the text to a highly structured template (about 1500-3000 words), using evidence from the final studies chosen, within 8-10 weeks of receiving the literature search.
- Working with Clinical Evidence editors to ensure that the final text meets epidemiological and style standards.
- Updating the text every 12 months using any new, sound evidence that becomes available.
 The Clinical Evidence in-house team will conduct the searches for contributors; your task is simply to filter out high quality studies and incorporate them in the existing text.

If you would like to become a contributor for *Clinical Evidence* or require more information about what this involves please send your contact details and a copy of your CV, clearly stating the clinical area you are interested in, to CECommissioning@bmjgroup.com.

Call for peer reviewers

Clinical Evidence also needs to recruit a number of new peer reviewers specifically with an interest in the clinical areas stated above, and also others related to general practice. Peer reviewers are healthcare professionals or epidemiologists with experience in evidence-based medicine. As a peer reviewer you would be asked for your views on the clinical relevance, validity, and accessibility of specific topics within the journal, and their usefulness to the intended audience (international generalists and healthcare professionals, possibly with limited statistical knowledge). Topics are usually 1500-3000 words in length and we would ask you to review between 2-5 topics per year. The peer review process takes place throughout the year, and out turnaround time for each review is ideally 10-14 days. If you are interested in becoming a peer reviewer for Clinical Evidence, please complete the peer review questionnaire at www.clinicalevidence.com/ceweb/contribute/peerreviewer.jsp